

# ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-APR-2015		2. ADDRESS OF OCCURRENCE 6152 S ROCKWELL ST. CHICAGO, IL 60629		3. LOCATION CODE 092		4. BEAT/OCCUR 0825	
5. POSITION 9161		6. LAST NAME BRANDON		7. FIRST NAME SEAN S		8. STAR NO. 18866	
9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE WHI		11. AGE 508		12. WT. 175	
13. DATE OF APPT 07-AUG-1995		14. EMPLOYEE NO.		15. UNIT & BEAT OF ASSIGNMENT 311 6710E		16. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. LAST NAME PETTWAY		22. FIRST NAME ERIC		23. M.I. BLK		24. DOB 602 235	
25. ADDRESS		26. TELEPHONE NO.		27. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		31. BY WHOM? DR.		32. CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Under Influence	
33. CHARGES PLACED		34. DNA		35. CB NO. 19091372		36. IR NO.	

SUBJECT'S ACTIONS		MEMBER'S RESPONSE	
PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	
ASSAULT/ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ASSAULT/BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	
ASSAULT/DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WITH AUTHORIZATION <input type="checkbox"/> OTHER _____	
OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 46) <input type="checkbox"/> OTHER _____	
KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 46) <input type="checkbox"/> OTHER _____		FIREARM <input checked="" type="checkbox"/> OTHER _____	

37. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		38. ADDITIONAL INFORMATION ASSAILANT WAS ARMED WITH A HANDGUN AND POINTED SAID HANDGUN AT RO	
39. POSITION		40. STAR NO.	
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	
43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Night <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Good Artificial		44. WEATHER CONDITIONS CLEAR	
45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 30	
47. BARREL LENGTH 3.75		48. CALIBER/GAUGE 45 CAL	
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) KCR762	
51. CHICAGO GUN REG. NO. R007968S		52. IL FIREARM OWNER ID. NO.	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.	
55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 11	
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY)	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD NONE	
65. DID MEMBER USE SIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) NONE	
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input checked="" type="checkbox"/> 02 25 - 50 FT. <input type="checkbox"/> 03 50 - 75 FT. <input type="checkbox"/> 04 OVER 75 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. 1509410220	

71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		72. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.	
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			
73. REPORTING MEMBER (Print Name) BRANDON, SEAN S		74. STAR/EMPLOYEE NO. 18866	
75. DATE/TIME 04-APR-2015 22:59:25		76. SIGNATURE	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
77. REVIEWING SUPERVISOR (Print Name) KARCZEWSKI, MICHAEL T		78. STAR NO. 1055	
79. SIGNATURE		80. DATE REVIEWED 04-APR-2015 23:02:18	

SUBJECT  
INFORMATION

30. CHANGES PLACED

720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS  
570.0/402-C, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/9-1-A-1

☐ DNA

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview as of this report

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the facts available at this time, it is the preliminary determination of the undersigned that Police Officer Sean Brandon #18866 acted in compliance with department policy in that Police Officer Brandon fired his weapon in fear of his life after Offender Petway pointed a weapon in Officer Brandon's direction, placing him in fear of his life. Log 1074534 and U# 15-005

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CALLOWAY, KEITH A

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

04-APR-2015 23:06:25

79. TOTAL TRR's THIS EVENT No

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